

TRAVEL EXPENSE CLAIM

☐ Relocation ☐ Out of State

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I. D. NUMBER

SOCIAL SECURITY NUMBER

WORK TELEPHONE NUMBER

Dale E. Bonner

POSITION

Secretary

RESIDENCE ADDRESS

CITY, STATE, AND ZIP CODE

CB / ID NUMBER

E99

DIVISION OR BUREAU

Business, Transportation & Housing Agency

LOCATION CODE

699

HEADQUARTERS ADDRESS

980 9th Street, Suite 2450

CITY, STATE, AND ZIP CODE

Sacramento, CA 95814

1. MONTH / YEAR		3. LOCATIONS WHERE EXPENSES WERE INCURRED	4. LODGING	5. MEALS			6. INCIDENTALS	7. TRANSPORTATION				8. BUSINESS EXPENSE	9. TOTAL EXPENSES FOR DAY
2. DATE	TIME			BREAKFAST	LUNCH	O.T., LT, NC, RELO. OR DINNER		A. COST OF TRANS.	B. TYPE USED	C. TOLLS, PARKING	D. PRIVATE CAR USE		
										MILES	AMOUNT		
3	1300	Sacramento to Los Angeles											
4	2200	Santa Barbara / Sacramento		6.00	10.00		78.00	cab					94.00
5	1700	Sacramento to Los Angeles											
12		Los Angeles			10.00								10.00
13		Los Angeles			10.00								10.00
17	2200	Los Angeles / Sacramento					37.00	cab	2.00				39.00
18	1330	Sacramento to Los Angeles							31.50				31.50
23		Los Angeles											
24		Los Angeles			10.00								10.00
30	1000	Los Angeles to Sacramento											
10. CLAIM TOTAL				6.00	40.00		115.00		33.50				194.50

11. PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED)

11/4 - Attend funeral for CHP Officer Martinez. 11/12 - Meeting with CEO of Orange County Transportation Authority. 11/13 - Meetings with CEO of Southern CA Association of Governments; METRO; and Supervisor Mark Ridley-Thomas. 11/17 - Meeting with Merrill Lynch and Granite and Luncheon Keynote Speaker at South Bay Economic Development Partnership's 15th Annual Economic Forecast Conference. 11/18 - Attend and speak at 710 Corridor / Future Ports Event. 11/23 - Meeting with Assembly Member Bonnie Lowenthal. 11/24 - Meetings with Port of Long Beach; Caltrans District 7 staff; and Gateway Cities COG.

12. NORMAL WORK HOURS

13. REGULAR DAYS OFF

14. PRIVATE VEHICLE LICENSE NUMBER

15. MILEAGE RATE CLAIMED

ACCOUNTING USE ONLY

PAID FOR BY REVOLVING CHECK NUMBER

16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S.A.M. Sections 0730, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE (blue ink only)

DATE _____

12.2.09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

12209

SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES

ADMINISTRATIVE SERVICES OFFICER